

**“EFFECTIVENESS OF REMINISCENCE THERAPY ON
LEVEL OF DEPRESSION AMONG ELDERLY
PEOPLE IN SELECTED OLD AGE HOME, CHENNAI”.**

**M.Sc. (NURSING) DEGREE EXAMINATION
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CHENNAI – 600130.**

**DISSERTATION SUBMITTED TO
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**In partial fulfilment of requirement for the degree of
MASTER OF SCIENCE IN NURSING**

APRIL- 2016

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HOME,CHENNAI.**

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CERTIFICATE

This is to certify that this dissertation titled **A STUDY TO ASSESS “THE EFFECTIVENESS OF REMINISCENCE THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME,CHENNAI”** is a bonafide work done by Mrs K.RAJAMMAL, Venkateswara Nursing College, Thalambur, Chennai – 600130, submitted to the TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSIT, Chennai in partial fulfilment of the university rules and regulations towards the award of the degree of Master of Science in Nursing Branch –V, Mental Health Nursing under our guidance and supervision during the academic period from 2015-2016.

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LIST OF ABBREVIATIONS

N	Number of sample
SD	Standard Deviation
S	Significant
NS	Not significant
n	Frequency
t	Student 't' test
NA	Not association
%	Percentage
RT	Reminiscence therapy

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Effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home Chennai.

Aim and objective: To assess the effectiveness of reminiscence therapy on level of depression and satisfy among elderly people. **Methodology:** A pre- experimental one group pre and post-test. Design was chosen to assess the effectiveness of reminiscence therapy on level of depression by using Geriatric depression scale among 50 elderly people at selected old age home of Chennai. The samples were selected based on purposive sampling. **Results:** The analysis of the study findings revealed that the pre-test mean was 21.66 with a standard deviation of 5.02 and the post-test mean was 18.46 with a standard deviation of 2.12. The calculated paired."t" value of $t=4.417$ was found to be statistically significant at $p\ 0.001$ level.

Conclusion; The study infers that there was a statistically significant reduction in the level of depression among the elderly people after the administration of reminiscence therapy on depression to the elderly people.. Thus the research study clearly indicates that reminiscence therapy on depression was found to be effective in reducing the level of depression.

Key words: Depression, Elderly people, Reminiscence therapy, Effectiveness.

INTRODUCTION:

Aging is not a disease, but the final stage of normal life. Old age is incurable disease.” You do not heal old age,” You protect it.” You promote it,” and you extend it”. The degree of adaptation to the fact of aging is crucial to a man’s happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal, weariness of life and depression. The difficult changes that many elderly face can lead to depression especially in those without a strong support system.

The process of life review involves recalling the past life experience in an attempt to believe that one’s life had meaning and to prepare to death without fear. Reminiscence can help maintain self-esteem(Tierny.2002).

The degree of adoption to the fact of aging is crucial to a man’s happiness in the phase of later life failure to adapt can result in bitterness, inner withdrawal, worriedness of life and depression. Depression is the commonest problem of old age.(Kane, etal(2000)

OBJECTIVE:

To determine the effectiveness of reminiscence therapy on level of depression among elderly people.

METHODOLOGY:

Research Design; Pre experimental one group pre-test and post-test design

VARIABLES:

Independent variable-Reminiscence therapy

Dependent variable-Level of depression among elderly people

SETTING: Selected old age home of Chennai.

POPULATION: The population of the study includes the elderly people of age 60 to 80 years staying in selected old age home Chennai.

SAMPLES:

The elderly people who satisfied the inclusion criteria were the samples for the study chosen using purposive sampling technique. The sample size of the study consists of 50 elderly people.

Instruments used in the study:

The scale adapted to measure geriatric depression was a modified standardised scale of Geriatric depression scale with 30 dichotomous type questions with yes or no response. The tool consists of 20 positive items and 10 negative items one point for each of these answers. The interpretation of the score cut-off; Normal 0-9, Mild depressive-10-16, Moderate depressive 17-23, and severe depressive 24-30.

INTERVENTION:

Reminiscence therapy is a nurse initiated intervention that has the advantage of being cost effective therapeutic, social and recreational for the elderly people which helps in lowering the level of depression.

Reminiscence activities is a form of a psychotherapy which an individual or group carries out on themselves by use of therapeutic communication, sharing auto-biographical memories, recreations like music (old songs and devotional songs), reading (books, newspaper) and art therapy (Drawing).

The reminiscing activities are carried out in a well-ventilated room and the participants were made to sit in a circular fashion facing each other. The investigator was the moderator to guide the therapy The 50 elderly people divided in to five groups, each group consist of 10 members. They carried out the reminiscing activities daily for one hour for five days in a week totally of four weeks.

GROUP	DAYS	2-5	8-11	12-17	18-23	24-29
<u>1ST GROUP</u> 10						
<u>2ND GROUP</u> 10						
<u>3RD GROUP</u> 10						
<u>4TH GROUP</u> 10						
<u>5TH GROUP</u> 10						

Key	
COMMUNICATION	
AUTOBIOGRAPHY	
RECREATION (music)	
READING (Book,Newspaper)	
ART THERAPHY (drawing)	

RESULTS:

The analysis of the study findings revealed that the pre-test mean was 21.66 with a standard deviation of 5.02 and the post-test mean was 18.46 with a standard deviation of 2.12. The calculated paired 't' value of $t=4.417$ was found to be statistically significant at $p=0.001$ level.

CONCLUSION:

The study infers that there was a statistically significant reduction in the level of depression among the elderly people after the administration of reminiscence therapy on depression to the elderly people.

The study findings were analysed by means of descriptive and inferential statistical analysis. The mean, standard deviation and paired 't' test, were used to compare the pre-test and post test score. In the study group the calculated 't' value found to be statistically significant at ' $P<0.001$ ' level.

DISCUSSION

There was a significant reduction in the level of depression among elderly people after administration of reminiscence therapy. Thus the study clearly indicates that reminiscence therapy on depression was found to be effective in decreasing the level of depression among elderly people.

IMPLICATIONS

The nurses have the responsibility to promote the health care of every individual particularly to elderly people. The nurse can initiate the reminiscence activities as it is a cost effective measures which helps in health promotion among elderly people. The nurse can conduct formal training programs in geriatric settings.

The nurse educators should provide adequate training to nursing students regarding reminiscence therapy and nursing administrative authorities should plan a protocol to administer reminiscence therapy to elderly people.

The mental health nurse administrator can integrate the main findings in the nursing curriculum to develop knowledge about geriatric mental health problems and build up their skills to implement reminiscence therapy to promote wellbeing of elderly people.

The study will be valuable reference and pathway for future researcher. Nurse researcher can encourage for further researches in the area of alternative therapies.

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INTRODUCTION

“EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME CHENNAI”.

CHAPTER 1

INTRODUCTION

“Aging is not lost youth but a new stage of opportunity and strength”.

(Betty Friedan, 2006)

Aging is not a disease, but the final stage of normal life. “Old age is an incurable disease”. “You do not heal old age”, “You protect it”, “You promote it”, and “you extend it”. The three common ways of understanding old age are physiological, psychological and socio-cultural. “Years wrinkle the skin, but worry, doubt, fear, anxiety and self-distrust wrinkle the soul”. The degree of adaptation to the fact of aging is crucial to a man’s happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal, weariness of life and depression.

The WHO (2003) Report states that globally the percentage over the age of 60 years is estimated to be 9.9%. By 2030, the world population, aged 65 years, is projected to increase approximately to 973 million, increase from 6.9% to 12% and in the developing countries the share of the world’s population aged 65 is projected to increase from 5.9% to 7.1%. At present, in India the population over 60 years of age is estimated to be 7.75% of the total and about 90% of aged community living in rural areas and 55% of old age people are widows. The elderly population has risen from 32.89 million to 55.5 million from the year 1971 to 1991 respectively.

The difficult changes that many elderly or older adults face can lead to depression, especially in those without a strong support system. Left alone, depression not only prevents older adults from enjoying life like they could be, it also takes a heavy toll on health. Depression is the fourth leading cause of disease burden in the world and accounting for 4.4% of total disability adjusted life years (DALYs) in the year 2000.

A study conducted on the problem of old age among institutionalized and non-institutionalized older adults of Chennai and Trichy in Tamilnadushowed that the institutionalized elderly had higher prevalence of depression than those non-institutionalized.

People who are greater than another in age or seniority are called elders. Elders are considered to be wise because they have had much experience in their long lives. Many culture views elders with respect and kindness, and depend upon them to down knowledge to the younger people. We believe that elderly people because of their skills, knowledge and life experience have a vital role to play in contributing and building family and community.

There is wide spread recognition of the value for older people contributing to the society. The focus being on reducing the loneliness, boredom, isolation and depression, which continues the lives of many older peoples. Feeling isolated is a common problem among elderly. It can often lead to a depression and other mental health problem.

Increasing longevity, disintegration of joint families, proliferation of nuclear families and living in apartment system , dwelling with limited space for lateral movement and growing employment in overseas are all factors contributing mushrooming of old age homes and shelters for the abandoned in the society.

There are approximately 950 old age home in India. In Tamil Nadu there are 115 old age homes. There are 96 million elderly populations. It was projected to be 177 million by 2025. 32% of older people live below poverty line. 83% of older people live in rural area. 75% are illiterate. 55% are older women widows.

The ageing process is ofcourse biological in reality which has its own dynamic,influence largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In developing countries the meaning of old age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical declines which is significant in defining old age.

It has been recognized in the gerontology that growing old inevitably means the loss of significant life supports. Retirement signals separation from an occupational identity, death of irreplaceable loved ones leave the old persons increasingly alone and declines the physical abilities often means the accustomed life habits. Some old people may adjust effectively in this situation or by reinventing themselves in their activities. However, for others old age may necessitate a lowering of self-esteem perhaps to the point of being depressed, unless a means can be found of coping with loss and reevaluating the impact of aging on the self.

The biggest achievement of the century is longevity. All over the world, the life expectancy has raised, leading to a sharp rise in number of older person. Jonathan Swift quoted that “every man desires to live long, but no man want to be old”. People often avoid thinking about the upcoming transition to senior citizens. They fail to prepare for it.

Aging is associated with poor mental health with high levels of psychiatric disorders like depression, dementia. The health and quality of life of older people can be promoted through prompt problem recognition and prevention. A significant number of older people experience depression. Further among elderly adults living in older homes, the rate of depression is higher. People are less active and independent and can lead to decline in physical condition and more disability. Depression increases the risk of death in older persons 2-3 times and it is the most important factor associated with suicide in old age.

BACKGROUND OF THE STUDY

The later stage of life is characterized by ‘disengagement’ which is defined as a “mutual withdrawal”. When the individual perceives the reality of being mortal. Society is thought to withdraw from the elderly and the elderly to withdraw from the society.

The activity theory of aging explains that the best way to age is stay active physically and mentally. In continuity theory people maintain their values, habits and behaviour in the old age. A person who accustomed to having people around will continue to do so and the person who prefers not to be involved with other will more likely disengage. **Cummings (2002)**

The growth of the population ages 65 and older in the United States has steadily increased since the beginning of 20th century and today about one in every eight persons or 12.4% of the population. In 1900 approximately 20 million of the population were above 65, in 2002 it was 35.6 million. By 2030, The older population will be more than double to about 71.5 million. **Kathleen Ryan Fletcher (2004).**

A study on “reminiscence and life review are effective therapies for depression in the elderly” the study participants had severe depressive symptoms in five studies. In other fifteen studies, participants were not enrolled due to depression per se but had mild or moderate depressive symptoms. Results shown that reminiscence therapy was effective in reducing depression in elderly. **Bohlmeijer E(2003).**

The chronic conditions that can adversely affect the aging experience. They are intellectual impairment, immobility, instability, incontinence and iatrogenic drug reactions. They further identified a subset of intellectual impairments as three D which include dementia, depression and delirium in the old age.

The process of life review involves recalling the past life experiences in an attempt to believe that one's life has had meaning and to prepare for death without fear. Reminiscence can help maintain self-esteem and reaffirms a sense of identity. Nurse can use this and employ active listening techniques to help clients validate their lives, resolve conflicts and complete the tasks of aging. **Tierney, Mcphee and Papadakis (2002).**

Nobody grows old by living a certain number of years. ‘Years wrinkle the skin, but worry, doubt, fear, anxiety and self-distrust wrinkle the soul’. Impaired memory rigidity of our look and dislike of changes are some of the mental changes as one is become aged. The degree of adoption to the fact of aging is crucial to a man's happiness in the phase of later life-failure to adapt can result in bitterness, inner withdrawal, worriedness of life and depression. Depression is the commonest problem of the old age. **Kane, Ouslander and Abrass(2000).**

NEED FOR THE STUDY

Reminiscence refers to recollection of memories from the past. Reminiscence involves exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom and skills. Therapeutic reminiscence not only enhances the cure of souls in early old age; it also helps to close the gap between the depressing expectations of younger generations and the reality of continued growth in the last half of life. Elderly adults often gain satisfaction, confidence and sense of identity from reminiscing.

Photographs, slides, films, old objects, old songs and dances, skit, role play where the person performed, old work or domestic activities, and visits to the person's school, childhood days, or other familiar scenes have all been effectively used in reminiscence therapy. Therapeutic reminiscence is the sharing of one's memories to achieve resolution, satisfaction, self-esteem, ego-intensity, and clarification of identified issue.

A study was conducted on the use of reminiscence therapy for the treatment of depression in rural older adults in the University of North California in US. This study reports that the use of reminiscence therapy is an effective means of reducing depression among rural elders. It was felt that reminiscence therapy is a nurse-initiated intervention that has the advantages of being cost effective, therapeutic, social and recreational for older adults. Reminiscence therapy is a valuable intervention and extremely beneficial alternative, among all treatment modalities in reducing depression among geriatrics.

Nurses are a major force working in the healthcare delivery system. They have the responsibility of taking care of individuals, family and community in various settings, which includes home for the aged. The nurse can promote independence and self-esteem of patients who feel that life is not worth living. To provide effective nursing care, all nurses must foster a positive attitude towards the aged. So there is a need to know the psychological problems of senior citizens who live in the old age homes.

In 2000, 6% of the total population was old age population in Asia, and by 2050 the old age population will be tripled and it will reach around 40% of the total population. Chattergi while attending the 40th session of the UN commission on population and development said that absolute number of people aged over 65 years would triple within 25 years. University of Wisconsin – Green Bay (2006) study shows that the world population consists of 50% male, 50% female, 80% adults, 20% children and 14% of old age population. **IANS (2007)**

The global percentage of people over 60 years are estimated to be 9.9% and in India people over 60 years are estimated to be 7.75%. The age of 60 has been adopted as the cut off for old age in most developing countries, and 65 years in the developed countries. **Dev Vermin (2004).**

The depression constitutes the most common emotional disorders found in older people. Estimates of the prevalence of major depressive disorders in the elderly range from 2% to 10% with milder forms of depression such as dysthymia and dysphoria affecting 20% to 30% of older adults. **Arthur (2002).**

A UN report on changing age structures of population and their implications for development has projected that by 2050 the number of elderly people defined as aged 60 years or more would exceed the numbers of children for the first time in the history. By then there should be nearly two billion elderly persons up from about 705 million this year. A study shows that 50-70% of all medical visits by the elderly have emotional distress as a major component. Family history of the depression is an important risk factor for the late life depression. A survey done by the National Mental Health Association in 1996 shows that 58% of clients were having severe depression as a part of the normal aging process.

St. Louis University School of Medicine studies says that, there are two million people over the age of 65 in the United States who are depressed. Psychiatric needs of geriatrics are different from those of younger persons and the causes leading to change in personality are different. Many elderly individuals who are depressed often go unnoticed or are not offered

treatment. A systemic review by Medical Journal of Australia says that prevalence of depression among elderly people living in community vary widely from 1% to 35%.

Reports of the prevalence of clinically significant depressive symptoms among community dwelling older adults range from approximately 8% to 16%. Depressive symptoms are the more frequent among the oldest but higher frequency is explained by factors associated with aging such as a higher proportions of women more physical disability, more cognitive impairment and lower socioeconomic status.

The 21th century is often called as “Age of ageing”. One of the world’s greatest challenges of the present century is the enormous increase in the number and proportions of the elderly in the world. According to United Nations projections by the year 2050 the number of elderly persons is increased from 600million to 2 billions. A study shown that 50-70% of the medical visits has emotional problem. Family history of depression is important risk factor. Though some studies indicates reminiscence therapy can be effective and beneficial for the mental health of elderly, the conclusions are not consistent yet.

Based on traditional interventions reminiscence therapy is specially recommended for geriatric depressive adults. This psychotherapy has been designed and developed because of the recognition of the unique needs and concerns involved in adaptation to the later stage of life.

Statistical dimensions of 2010 census showed 96 milli0n elderly people population will be projected to 177 million by 2025, in which of them 91% with no social security, 32% of older people live below the poverty line. 83% older person lives in rural area. 55% older women widows.

Increasing longevity, disintegration of joint families, proliferation of nuclear families and living in apartment system of dwelling with limited space for lateral movement and growing employment in overseas are the factors contributing mushrooming of old age homes and shelters for the abandoned in the society.

The benefits of reminiscence therapy are lowering depression, leading to higher life satisfaction, create a feeling of intimacy, prevent dementia, reducing anxiety and encouraging older persons to communicate and interact.

Based on the above information, the researcher felt that there was a need to study about the effectiveness of reminiscence therapy since it is a cost effective, non-invasive nursing intervention, and an effective strategy which increase self-esteem, reduce depression and improves the quality of life of the elderly. Therefore the present study is designed to assess the effectiveness of reminiscence therapy on the level of depression among geriatrics residing in selected old age homes in Chennai.

STATEMENT OF THE PROBLEM.

“Effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home, Chennai.”

OBJECTIVES OF THE STUDY

1. To assess the pre- test level of depression among elderly people in a selected old age home.
2. To assess the post-test level of depression among elderly people in a selected old age home.
3. To evaluate the effectiveness of reminiscence therapy on level of depression among elderly people in a selected old age home.
4. To associate post level of depression among elderly people with their selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS: It refers to the extent to which reminiscence therapy will achieve the desired result in reducing the level of depression among elderly people as evidenced by difference between pre-test and post-test scores.

REMINISCENCE THERAPY: It refers to the package of one's life review which includes discussion of pleasurable memory of the family, school days and childhood days, entertainment by listening to music, seeing photographs .

DEPRESSION: It refers to elderly persons who are in sad mood, feeling empty and aversion to activity, being alone and feel life is empty, painful and pointless.

ELDERLY PERSONS: It refers to elderly people of age 60-80 years.

ASSUMPTIONS

Elderly people enjoy in sharing, recalling the past experience.

Reminiscence therapy improves their self-esteem.

RESEARCH HYPOTHESES

H₁: There is a statistically significant difference between the pre-test and post-test level of depression among the elderly people.

H₂: There will be statistically significant association between the post-test level of depression score with selected demographic variables.

DELIMITATION

1. The study was limited to 50 elderly people who were available at the time of data collection.
2. The study was limited to elderly people residing in selected old age home in Chennai.
3. The study was limited to elderly people who can understand English or Tamil.
4. The study was limited for a period of four weeks.

CONCEPTUAL FRAMEWORK:

Conceptual framework acts as building block for the research study. The overall purpose of framework is to make the scientific finding, meaningful and generalised. It provides a certain framework of reference for clinical practice, education and research .Framework also guide the researchers and give direction for relevant questions to practical problems. Conceptual framework is defined as the frame of reference that serves to guide a research study and is developed from theories, findings from a variety of other research studies, and the authors' personal experiences and values.

A conceptual model is a group of concepts that are broadly defined and systematically organized to provide a focus, a rationale, and a tool for the integration and interpretation of information. According to Foweet (1980) a conceptual framework can be defined s set of concepts and those assumptions that integrate into a meaningful configuration.

The conceptual framework chosen for the study is based on Wiedenbachs Helping art of clinical nursing theory (1969) .The central purpose in this theory refers to what the investigator wants to accomplish. The investigator developed plan based on the central purpose and implements according to the reality of the situation.

CONCEPTS AND DEFINITIONS

- Wiedenbach defined key terms commonly used in nursing practice.

The patient

- "Any individual who is receiving help of some kind, be it care, instruction or advice from a member of the health profession or from a worker in the field of health."
- The **patient** is any person who has entered the healthcare system and is receiving help of some kind, such as care, teaching, or advice.
- The **patient** need not be ill since someone receiving health-related education would qualify as a patient.

A need-for-help

- A **need-for-help** is defined as "any measure desired by the patient that has the potential to restore or extend the ability to cope with various life situations that affect health and wellness.
- It is crucial to nursing profession that a need-for-help be based on the individual perception of his own situation.

Nurse

- The nurse is functioning human being.
- The nurse not only acts, but thinks and feels as well.

Knowledge

- Knowledge encompasses all that has been perceived and grasped by the human mind.
- Knowledge may be :
 - factual
 - speculative or
 - practical

Judgment

- Clinical **Judgment** represents the nurse's likeliness to make sound decisions.
- Sound decisions are based on differentiating fact from assumption and relating them to cause and effect.
- Sound **Judgment** is the result of disciplined functioning of mind and emotions, and improves with expanded knowledge and increased clarity of professional purpose.

Nursing Skills

- Nursing Skills are carried out to achieve a specific patient-centered purpose rather than completion of the skill itself being the end goal.
- **Skills** are made up of a variety of actions, and characterized by harmony of movement, precision, and effective use of self.

Person

- Each **Person** (whether nurse or patient), is endowed with a unique potential to develop self-sustaining resources.
- People generally tend towards independence and fulfilment of responsibilities.
- Self-awareness and self-acceptance are essential to personal integrity and self-worth.
- Whatever an individual does at any given moment represents the best available judgment for that person at the time.

The main concept of the theory

IDENTIFYING THE NEED FOR HELP

Assessment of level of depression among the elderly people before administering reminiscence therapy.

MINISTERING THE NEEDED HELP

Ministering reminiscence therapy to the elderly with mild moderate and severe depression.
Administered both individual and group.

VALIDATING THAT NEED FOR HELP WAS MET

Post assessment of level of depression after reminiscence therapy. There will be a change in the level of depression on subjects mild and severe.

1.10 OUT LINE OF THE REPORT

Chapter 1: Dealt with back ground of the study, need for the study, statement of the problem, Objectives, operational definition, research hypothesis, assumptions, conceptual framework and delimitations of the study.

Chapter 2: Deals with review of literature.

Chapter 3: Presents the methodology of the study and plan for data analysis.

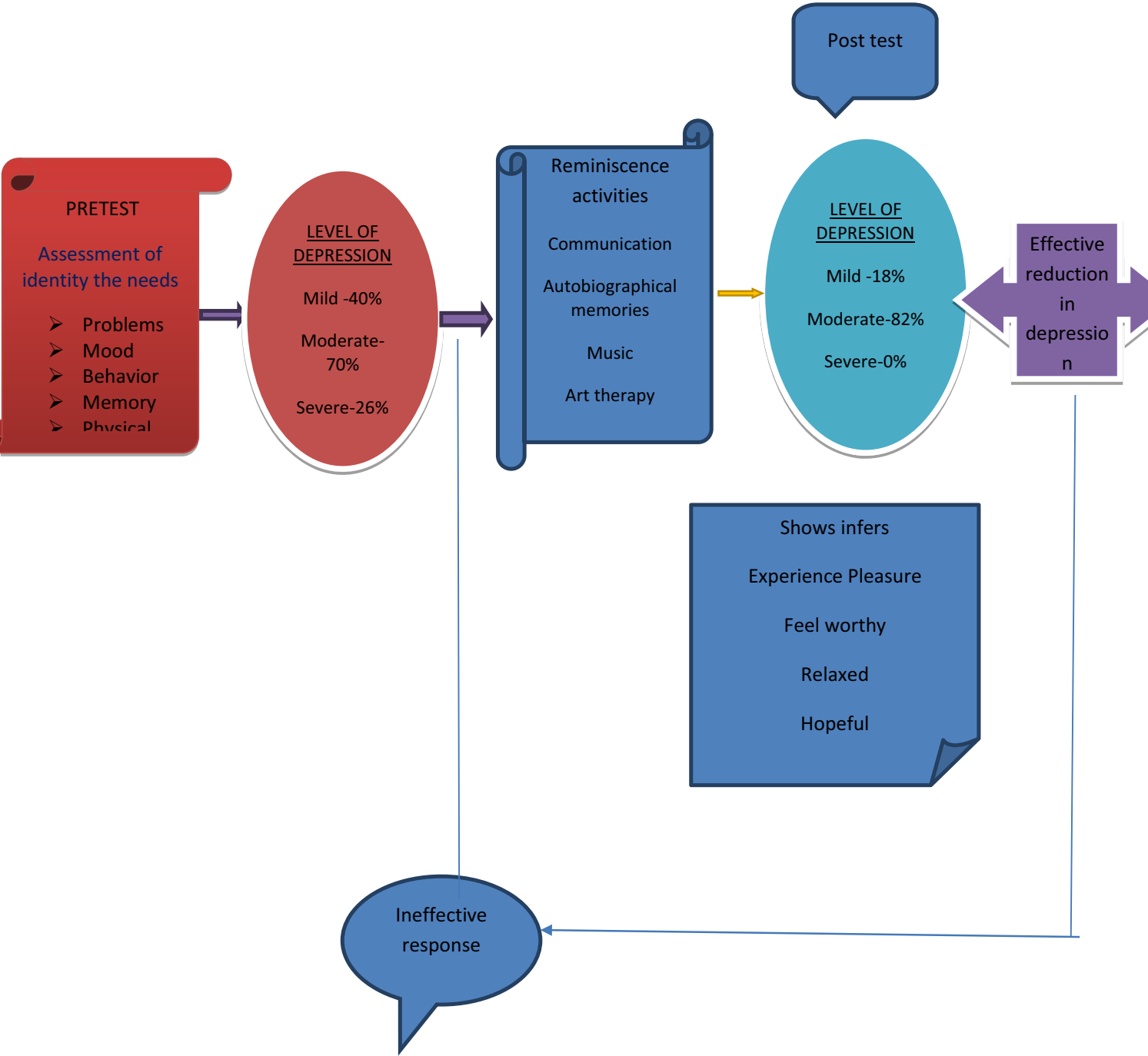
Chapter 4: Focuses on data analysis and data interpretation.

Chapter 5: Enumerate the discussion of the study.

Chapter 6: Gives the summary, conclusion, implications, limitations, and recommendations for the study.

The study report ends with selected bibliography and appendices.

CONCEPTUAL FRAME WORK BASED ON WIDENBACH HELPING ART OF
CINICAL NURSING THERORY(1969)



REVIEW OF

LITERATURE

CHAPTER II

REVIEW OF LITERATURE

According to Polit, (2008), a thorough literature review provides a foundation on which to base new evidence and usually conducted well before any data are collected. A critical summary of research on a topic of interest, often prepared to put research problem in context.

An intensive review of literature relevant to the research topic was done to gain insight and to collect maximum information for laying foundation of the study.

PART - LITERATURE RELATED TO PREVIOUS STUDY

SECTION A : Literature related to reminiscence therapy

SECTION B : Literature related to depression

SECTION C: Literature related to reminiscence therapy on depression among elderly
People

Literature related to reminiscence therapy

ChuechKH,et al (2014) conducted a study to assess group reminiscence therapy to evaluate the effects on depressive symptoms for hospitalised patients in Northern Taiwan among 21 male clients. A quasi- experimental and purposive sampling used for the study. The generalised estimating equation was used for data analysis. The male client in this study had a mean age of 80 years (SD=5.8):47.62% were between 70 and 79 years old. The researcher found that the experimental group significantly improved their depressive symptoms.

D Song (2014) conducted the study to assess the effects of group reminiscence therapy on depression among 86 elderly patients in nursing homes. A meta-analysis of randomised controlled trial was used. Data analysis done by 't' test and chi-square .The researcher concluded that the reminiscence therapy provided significantly greater relief of depressive symptoms.

Van Bogaert P (2013) the study was to examine the effects of individual reminiscence therapy for older adults with depression among 82 older adults. The research design was quasi- experimental and convenient technique. Logistics regression analysis was used for analysis. The GDS Score (SD=0.480). The researcher found that the experimental group had significantly greater reduction in depression.

Melender Moral JC, et al (2013) conducted a study to assess the effects of reminiscence programme among 80 elderly adults to minimize the depressive symptoms. The study conducted in two retirement homes in the Province of Valencia. A quasi-experimental, single blind design was applied with pre and post treatment measure. For data analysis 't' test and chi-square test used. The level of statistical significance employed was $p>0.05$. The researcher found that the reminiscence programmes showed a drop in depressive symptomology.

SerraniAzcura DJ (2012) the purpose of the study was to investigate whether a specific reminiscence programme is associated with higher levels of quality of life in nursing home residents. The sample size was 135. Research design was single blinded parallel group's randomised controlled trials. The Wilcoxon test showed significant differences in the intervention group were 0.450. The intervention showed a significant improvement in the quality of life.

Cheng TJ (2012) conducted a study to examine the effects of reminiscence therapy on depressive symptoms among 60 Chinese elderly people .The effects were assessed by randomised controlled trial with pre and post- test. SPSS Package 16.0 used for data analysis.

The result showed that the reminiscence therapy is effective to reduce the depressive symptoms and improve the quality of life.

Zhou W, et al (2011) conducted the study on the effects of group reminiscence therapy on depression, self- esteem of Chinese elderly in Changsha City. The sample size is 478. Research design was randomised control trail and the GDS Score was $p < 0.01$. The researcher found that the group reminiscence therapy were statistically significant positive effects on depression.

Weber J D (2006) conducted a study on the effects of reminiscence therapy and memory on dementia among 985 hospitalised clients. A total of 392 men (38.8%) and women (60%). The effects were assessed by pre and post- test. The researcher concluded that the clients improved in the level of depression.

LITERATURE RELATED TO DEPRESSION

Park M J (2015) the study examines the impact of social capital on depressive symptoms among Korean women aged 65 years. The sample size is 2435. Data using latent growth model. Social capital variables were cognitive and structural. The researcher concluded that there was a individual variability in depressive symptoms.

Lugtenburg A ,et al (2015) conducted a study to evaluate the association between depressive symptoms and dementia of older persons . The study includes depressive symptoms associated with Geriatric Mental State (GMS). Exploratory and confirmatory bi-factor analysis used .The researcher found that the general depression was 1.15, 95%.

Rhyner K T (2015) conducted a study on exercise and depressive symptoms in older adults aged 60 years. The study design was systematic meta-analysis included 41 randomised control trials of aerobic and non- aerobic exercises. The investigator concluded that a random

effects model demonstrated that exercise was associated with significantly lower depression severity. $SMP=0.57$, 95%.

Ogarty AS, et al (2015) conducted a study on .Men's use of positive strategies for preventing and managing depression).One in eight men experience depression . Thematic analysis was used on transcripts from 21 focus groups and 24in-depth interviews focused on positive strategies men use to prevent and manage depression. The researcher concluded that men actively engaged in preventing the depressed mood and made conscious choice about when and how to take action.

Aljumah K, et al (2014) conducted a study on an impact of pharmacist intervention on adherence and measurable outcomes among depressed patients. The sample size 239 and study design randomised control trail. Intervention group (n-119), control group (n-120). 19 patients dropped out. The researcher found that the intervention group had significantly more favourable medication adherence and did not differ in severity of depression.

Kuo YL(2014) conducted a study on reminiscence therapy improves cognitive functions and reduces depressive symptoms in elderly people with dementia. All analysis were performed using a random-effects model. Moderator analysis revealed that institutionalized elderly people with dementia exhibited greater improvement in depressive symptoms. The researcher concluded that this meta-analysis confirms that reminiscence therapy is effective in improving cognitive functions and depressive symptoms in elderly people with dementia.

Gan P, et al (2013) conducted a study on Rumination and Loneliness are remarkable risk factors of depression among the elderly in both community and nursing homes. A total of 71 elderly participants with an average age of 82.49 years completed this six-month longitudinal study..Results suggested that previous loneliness and rumination thinking are predictors of future depression symptoms among the Chinese elderly in nursinghomes.. Findings have important implications for mental health professionals in nursing homes inChina.

Su TW,etal (2011) conducted a study to investigate the prevalence of depression and dementia in older leprosy patients in Taiwan to examine the effectiveness of group reminiscence therapy on depressive symptoms. Single blind randomised quasi- experimental analysis comparing the pre-test and post –test. The prevalence of depression was 25% on

GDS- SF score > 1%. The investigator concluded that reminiscence group therapy was effective on depression.

Ulselzang N, et al (2009) conducted a study on depression and high cortisol level increased metabolic syndrome in older patients. The study was cross-sectional and the participants were 212 aged over 65 years. The result concluded that persons with high cortisol level often had metabolic syndrome within depressed persons may increase the risk of metabolic syndrome.

Henry, D L (2008) conducted a study to determine the prognosis of depression in elderly in the community primary care population. The study was meta-analysis, conducted for a period of 24 months. The analysis estimated that 33% were well, 33% were depressed 21% had died due to physical illness, disability, cognitive impairment. The results showed that depression in elderly has poor prognosis.

Park MJ (2007) This study examines the impact of social capital on depressive symptoms among Korean women aged 65 years or older. This study used 2435 older women of the Korean Welfare Panel Study data using latent growth modelling. The results showed both intra- and inter-individual variability in depressive symptoms over time. The investigator found that the size of family, participation in leisure activities among structural social capital were associated with lower levels of depressive symptoms.

LITERATURE RELATED TO REMINISCENCE THERAPY IN ELDERLY

Andrea Goggioli, et al (2014) conducted a study on effectiveness of group reminiscence therapy to lower the level of depression among 20 institutionalized elderly people. The study protocol for a randomised control trial. It includes two groups of the experiment and control group. Participants included in the experimental group will receive six sessions of group reminiscence therapy. The researcher found that group reminiscence therapy was very effective to lower the depressive symptoms.

Hodges, et al (2009) study explores the experiences and perceptions of the telling of life stories of in residential aged care setting in Australia. Study aims to shed light on when participants feel about life stories and prospect of involvement in the care. Semi-structured

interview were conducted with the 14 participants. The researcher concluded that immersions in life stories allows re-experiencing and showing of emotions and sensation

Hu Li Zazhi (2009) conducted a study on reminiscence therapy helps elders recall memories of old times through activities designed to achieve self-healing. The qualitative case in this research was 70 year old woman who had lived in a military village for 40 years. Semi-structured questionnaires were used for the interview and data were recorded and transcribed word by word. Analytical method used the reminiscing activities .The researcher found that the reminiscence therapy was a effective intervention to achieve self-healing.

ShinrigakuKany (2009) examines the effects of individual reminiscence therapy on Japanese community- dwelling older adults. 57 samples were taken. Participants in the reminiscence group completed 5 or 6 sessions of individual reminiscence therapy and their depression were assessed before and after the sessions. The results showed that the reminiscence group had a significant improvement in self-esteem. Than the individual theory can be a tool to improve depression for Japanese elderly people.

Hu Li Zazhi (2009) conducted a study on reminiscence therapy helps elders recall memories of old times through activities designed to achieve self-healing. The qualitative case in this research was 70 year old woman who had lived in a military village for 40 years. Semi-structured questionnaires were used for the interview and data were recorded and transcribed word by word. Analytical method used the reminiscing activities .The researcher found that the reminiscence therapy was a effective intervention to achieve self-healing.

Morita, et al (2007) conducted a study to clarify characteristics of contents of life review in reminiscence therapy in cancer patients by age, gender and stage of disease. The findings are 40 years old want about children, for 50 years old it was how to confront death and for 60 years related to anxiety, for 70 years resignation about death and evaluate reminiscence of their lives were most important. For 80 years old the main concern was relationship with others. The investigator found considerable differences when using life review therapy in order to the individual.

Chao, et al (2006) conducted a study on the effects of group reminiscence therapy on depression among 24 elderly people in a nursing home. The effects were assessed by quasi experimental studies; 12 controls and 12 interventions. The researcher concluded that the

group reminiscence therapy significantly improved self-esteem and lowered depression. Social interaction between participants were increased

Namura, et al (2006) conducted an experimental study on the effectiveness of group reminiscence therapy in a Japanese community. The participants were 2 men and 46 women mean age =81.9 years. The reminiscence group and control group consists of 22nd and 26 respectively. The completed the assessment of anxiety, insomnia, and depression, before and after the intervention in 12 weeks follow up. The investigator found that the intervention was very effective.

Bohlmorger, et al (2005) Reminiscence may help in resolving conflict from the past and making up the balance of one's life. Life review may be further enhanced by creative expression of memories in stories, poems or drawings. In this way people are encouraged to create and discover images and stories that symbolically refreshers the subjective and inner meanings of their lives. A new intervention, when combined reminiscence and creative expressions armed at early treatment of depression.

Wang.JJ (2004) conducted a comparative study of reminiscence in depression symptoms in elderly people residing in old age home. An experimental design was conducted using pre-intervention test and the purpose sampling. Each subject was administered ueriatic depression long form, pre and post experiment test. All subjects underwent reminiscence intervention. The independent't' test was conducted to measure the difference. The result suggested that reminiscence is especially appropriate for elderly people.

Rajan(2000) conducted a study on why the elderly people approach old age homes. The analysis showed that no one take care of them. The researcher found that 67%, children were away from home ,1%, problem with children and 8%, had their own preference , The researcher also said that 82% of inmates reported that the quality of life in old age home was satisfactory and only 1% of the elderly said that environment in old age is bad and 17% said that they like the old age home as they recall their past life events.

RESEARCH **METHODOLOGY**

CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the Methodology that was selected by the investigator to assess the effectiveness of Reminiscence therapy on depression among elderly people in selected old age home Chennai.

It includes the research approach, research design, variables in the study, setting of the study, population, sample, sampling technique, development of tool, description of tool, content validity, pretesting of the tool, pilot study and data collection procedure and plan for data analysis.

3.1 RESEARCH APPROACH

The research approach selected for this study was Quantitative Research approach.

3.2 RESEARCH DESIGN

One group pre-test and post-test was adopted in this study

Pre test	Intervention	Posttest
O ₁	X	O ₂

O₁ – pre-test

X – Reminiscence therapy

O₂ – post-test

3.3 VARIABLES

3.3.1 INDEPENDENT VARIABLE:

The independent variable in this study is reminiscence therapy.

3.3.2 DEPENDENT VARIABLE:

The dependent variable in this study is the level of depression among old age people.

3.3.3 EXTRANEEOUS VARIABLES

The extraneous variables of this study include age, educational status, duration of stay, source of income, type of family, number of children, habitant, frequency of visit by family members and history of physical illness.

3.4 SETTING OF THE STUDY

The research setting for the study was conducted in Tansowa Adharavu Illam Maduravoyal, Chennai- 600096. This is the home for the old age people with different age groups.

3.5 TARGET POPULATION

The population includes both men and women aged from 60 to 80 years.

3.6 ACCESSIBLE POPULATION

The sample consists of who satisfied the inclusion criteria and were available in the selected setting.

3.7 SAMPLE SIZE

The samples consists of 50 elderly people who fulfilled the inclusion criteria from **Tansowa Adharavu Illam Chennai.**

3.8 SAMPLING CRITERIA

3.8.1 INCLUSION CRITERIA

Elderly people who

- 1) Who are willing to participate in the study.
- 2) Who are residing in selected old age home, Chennai.
- 3) Who can understand English or Tamil.
- 4) Who are available at the time of data collection.

3.8.2 EXCLUSION CRITERIA

- 1) Those who have chronic mental illness and are on treatment.

3.9 SAMPLING TECHNIQUE

Purposive sampling technique was used to select 50 elderly people as sample from **Tansowa Adharavu Illam**, Chennai.

DEVELOPMENT AND DESCRIPTION OF THE TOOL FOR DATA COLLECTION

After an extensive review of literature, discussing with nursing experts, clinical psychologist and the investigators professional experience the tool was developed to assess the level of depression among elderly people.

Tool consists of two sections:

- Data collection tool.
- Intervention tool.

SECTION A: ASSESSMENT OF DEMOGRAPHIC VARIABLE

Personal data sheet on the demographic characteristics of elderly includes such as age in years, gender, religion, education, income, marital status, duration of the stay, family and

number of children, habitant, and history of physical illness and frequency of visit by family members.

SECTION B: GERIATRIC DEPRESSION SCALE. (Long Form)

The scale adopted to measure the geriatric depression was a standardised scale of Geriatric Depression Scale with 30 dichotomous type questions with yes or no response.

INTERPRETATION OF THE SCORE.

NORMAL-----0---9

MILD DEPRESSIVE—10-16

MODERATE DEPRESSIVE—17-23

SEVERE DEPRESSIVE—24—30

INTERVENTION PROTOCOL

REMINISCENCE THEARAPY

Explanation of therapy and self-introduction by the samples and the investigator.

Geriatric depression scale used to assess the pre-test level of depression.

The samples are divided into five groups, 10 members in each group.

Reminiscence therapy administered individually and as well as in groups.

CONTENT VALIDITY

To evaluate the content validity, the tool was given to four nursing experts, one psychiatrist who has several years of experience in both clinical and teaching. One more expert was a

biostatistician. Modification suggested by the experts in the tool were included a few modification of demographic variable. These changes were incorporated in the tool. All the experts agreed and then the tool was finalised.

ETHICAL CONSIDERATION

All respondents were carefully informed about the purpose of the study and their part during the study and how the privacy is guarded. Ensured confidentiality of the study result. Thus the investigator followed the ethical guidelines, which are issued by research committee.

1) Beneficence

The research study was approved in Institutional Ethical Review Board (IERB) held on March 2015 Venkateswara Nursing College, Chennai.

The right to freedom from harm and discomfort

The study was beneficial for the participants, as the use of reminiscence therapy was very effective to lower the level of depression. No harm or discomfort was caused to any of the clients.

a) The right to protection from exploitation

The investigator explained the procedure and nature of the study to the participants and ensured that none of the participants would be exploited or denied fair treatment.

2) Respect for Human Dignity

The investigator followed the second ethical principle of respect for human dignity. It includes the right to self-determination and the right to self-disclosure.

a) The right to self-determination

The investigator gave full freedom to the participants to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions.

b) The right to full disclosure

The researcher has fully described the nature of the study, the person's right to refuse participation and the researcher's responsibilities based on which both oral and written informed consent was obtained from the participants.

3) Justice

The researcher adhered to the third ethical principle of justice; it includes participant's right to fair treatment and right to privacy.

a) Right to fair treatment

The researcher selected the study participants based on the research requirements. The investigator followed the routine in the old age home, during the period of data collection and administered the intervention tool to the participants after the completion of post-test. All the samples were treated fairly and no discrimination of any form was imposed on them.

b) Right to privacy

The researcher maintained the participant's privacy throughout the study.

4) Confidentiality

The researcher maintained confidentiality of the data disclosed by the study participants.

3.13 RELIABILITY

Reliability of the tool was assessed by test and retest method. The p value obtained was 0.002, $t=2.01$. This showed that the tool was highly reliable and feasible for utilization in the main study.

PILOT STUDY

Pilot study was conducted on 18/05/2015 in Tansowa adharuv illam, Maduravoyal, Chennai. Based on the inclusion criteria six elderly people were selected randomly for the study. The purpose of the study was explained to the subjects. After obtaining the informed consent the pre-test was conducted and data was obtained. After obtaining the data reminiscence was given. On the seventh day post test was conducted and data was obtained.

DATA COLLECTION PROCEDURE

The data collection period was 4 weeks from 01.06.2015 to 30.06.2015. Formal written permission was obtained from the Secretary Tansowa adharavu illam, Maduravoyal, Chennai. The samples were approached during their free time between 10am to 12noon.

The samples were selected purposely based on the predetermined criteria's. The purpose of the study were explained to all those who participated in the study. The investigator explained in detail about the nature of the study and obtained informed consent from all the subjects. They were informed of the freedom of withdrawal from the study at any point of time. The pre-test was conducted with help of the standardized Geriatric Depression Scale .

After the pre-test reminiscence therapy was administered. On the seventh day post test was conducted by administering the same tool to assess their level of depression.

3.16 PLAN FOR DATA ANALYSIS

The data analysis was done using descriptive and inferential statistics.

Descriptive Statistics

1. Frequency and percentage distribution was used to analyse the demographic variables of elderly people.
2. Mean and standard deviation to assess the level of depression among elderly people.

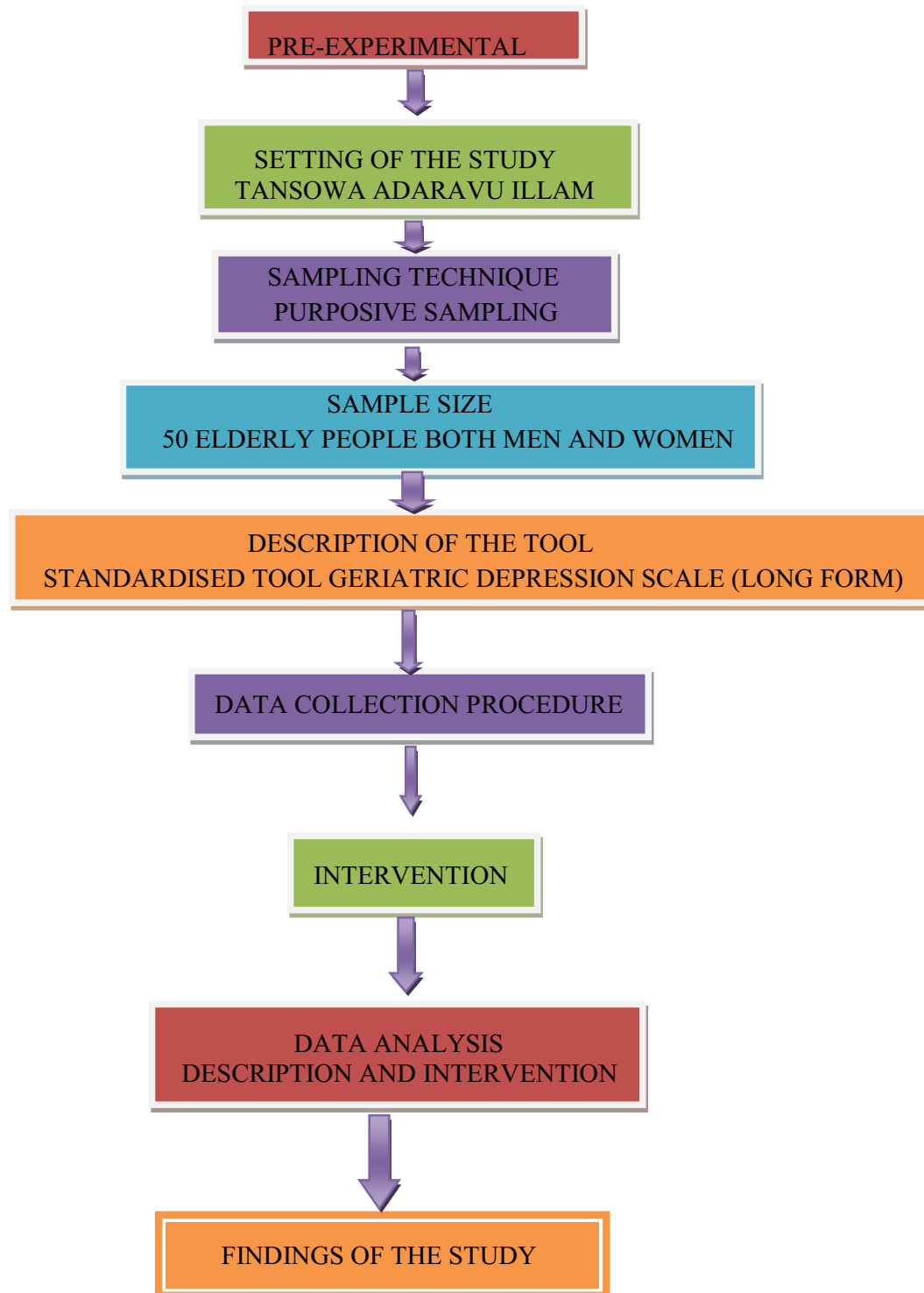
Inferential Statistics

1. The calculated paired 't'test to compare the pre-test and post-test level of depression among elderly people after the administration of reminiscence therapy.

Chi square test was used to associate the post- test level of depression among elderly people with their selected demographic variables.

SCHEMATIC REPRESENTATION OF THE STUDY





DATA ANALYSIS
AND
INTERPRETATION.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the data collected from 50 elderly people in selected old age home. The data collected was organized, tabulated and analysed according to the objectives. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

ORGANISATION OF THE DATA

- Section A:** Description of demographic variables of elderly people.
- Section B:** Assessment of pre-test and post-test level of depression among elderly people.
- Section C:** Effectiveness of reminiscence therapy on level of depression among elderly people.
- Section D:** Association of post-test level of depression among elderly people with their selected demographic variables.

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF ELDERLY PEOPLE.

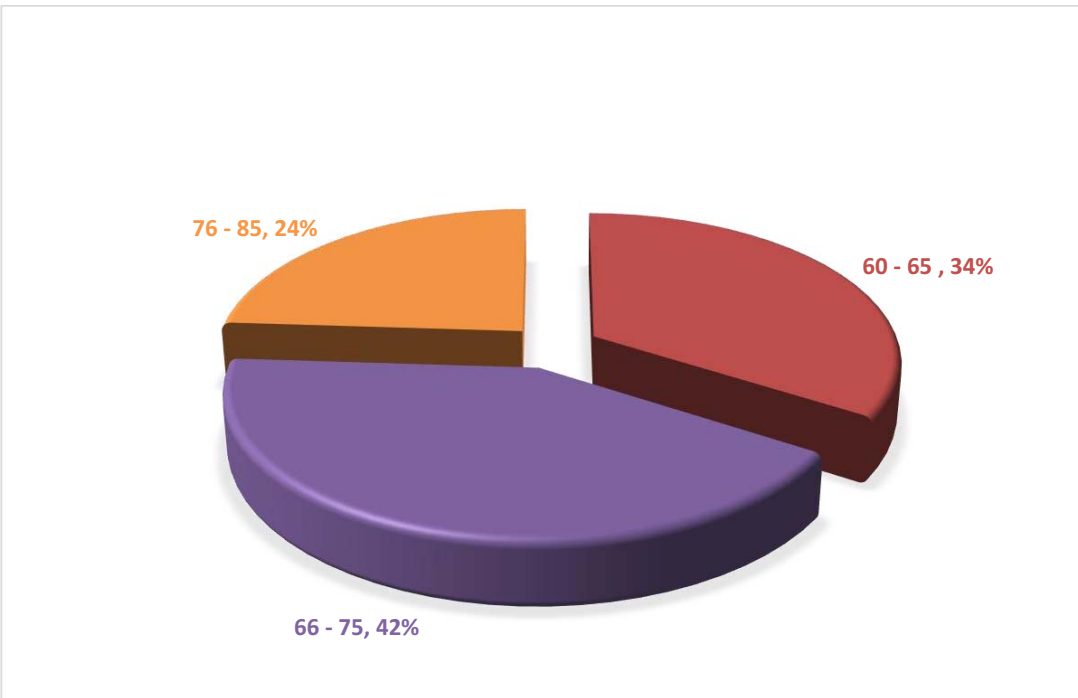
Table 1: Frequency and percentage distribution of demographic variables of elderly people.

N = 50		
Demographic Variables	No.	%
Age		
60 - 65	17	34.0
66 – 75	21	42.0
76 – 85	12	24.0
Sex		
Male	17	34.0

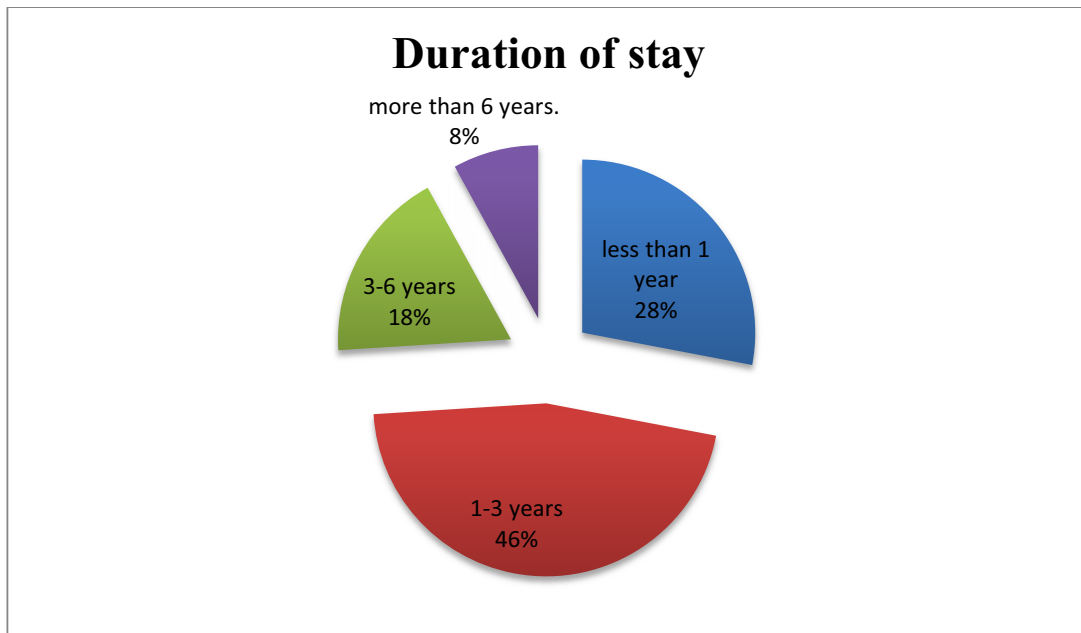
Demographic Variables	No.	%
Female	33	66.0
Marital status		
Married	34	68.0
Unmarried	16	32.0
Duration of stay		
Less than 1 year	14	28.0
1 - 3 years	23	46.0
3 - 6 years	9	18.0
More than 6 years	4	8.0
Education		
Collegiate	3	6.0
High school	8	16.0
Middle school	15	30.0
Primary school	13	26.0
Illiterate	11	22.0
Source of income		
Pensions	7	14.0
Deposits	2	4.0
Family members	6	12.0
Institution	35	70.0
Type of family		
Nuclear family	9	18.0
Joint family	33	66.0
Extended family	8	16.0
Number of children		

Demographic Variables	No.	%
One	5	10.0
Two	8	16.0
Three	21	42.0
None	16	32.0
Habitant		
Rural	8	16.0
Urban	26	52.0
Semi urban	16	32.0
Frequency of visit by family members		
Once a week	4	8.0
Twice a week	2	4.0
Once a month	19	38.0
Never	25	50.0
History of physical illness		
Yes	0	0.0
No	50	100.0

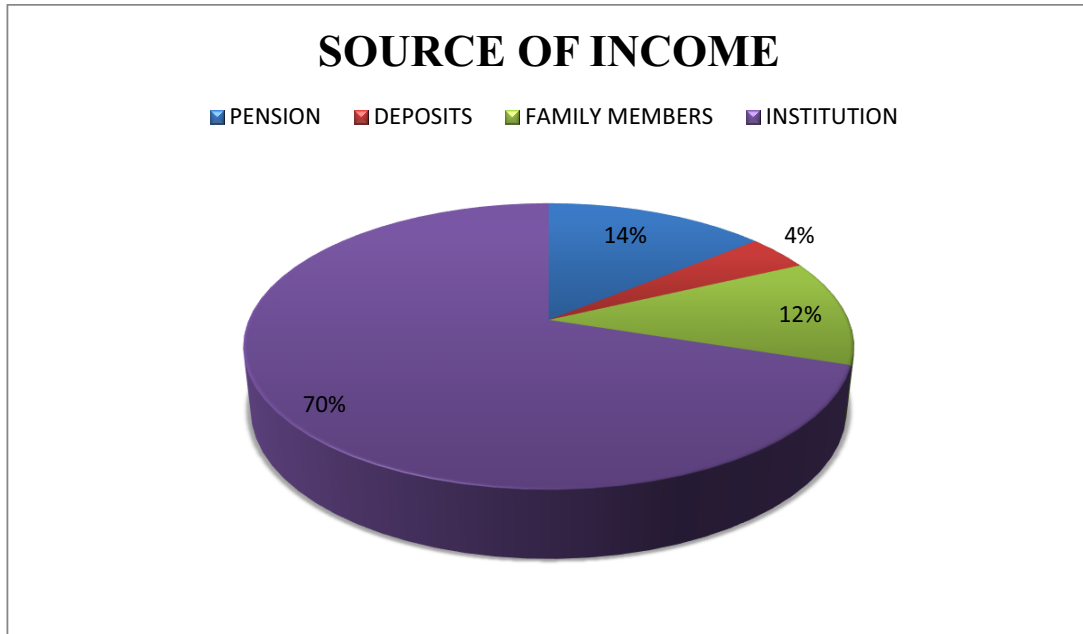
The table 1 shows that majority of the elderly people 21(42%) were in the age group of 66 – 75 years, 33(66%) were female, 34(68%) were married, 23(46%) had been staying at old age home for 1 – 3 years, 15(30%) were educated upto middle school, 35(70%) had source of income through institution, 33(66%) belonged to joint family, 21(42%) had three children, 26(52%) were from urban area, 25(50%) were never visited by family members and almost all 50(100%) had no history of physical illness.



Percentage distribution of age of the elderly people



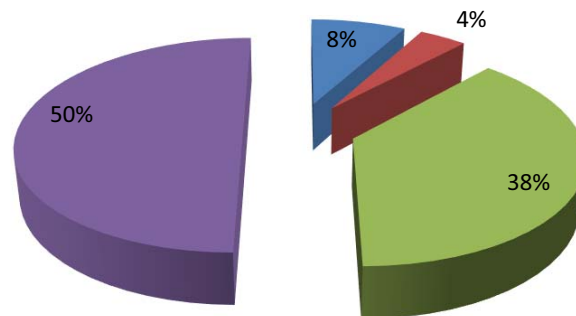
PERCENTAGE DISTRIBUTION OF SAMPLES ACCODRING TO DURATION OF STAY.



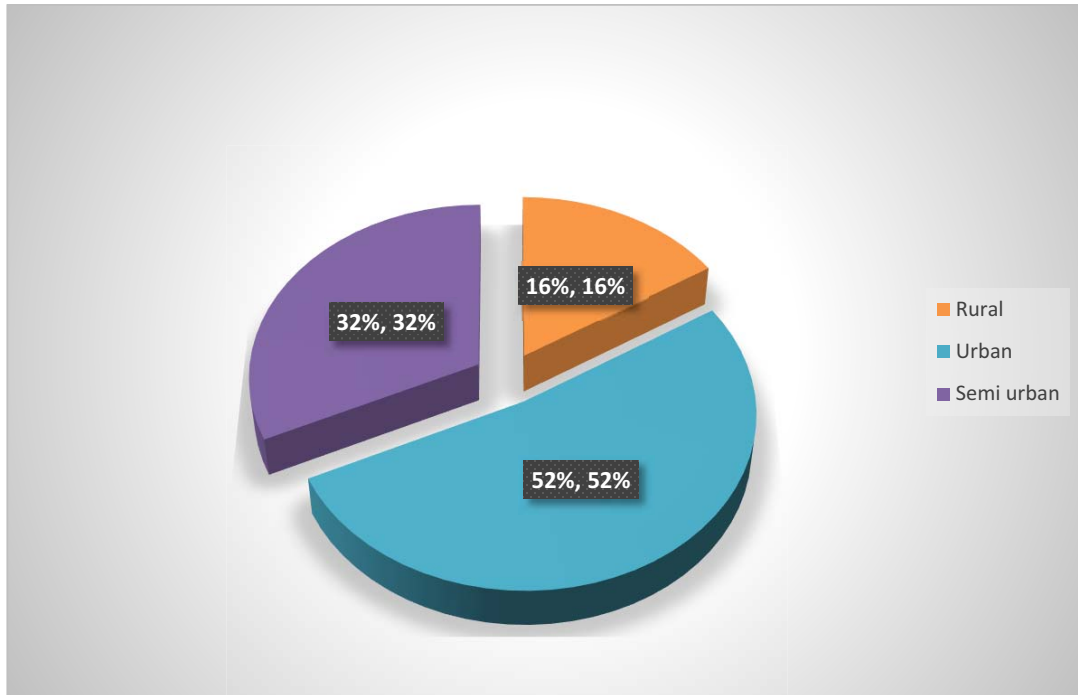
PERCENTAGE DISTRIBUTION OF SAMPLES ACCODRING TO SOURCE OF INCOME.

FREQUENCY OF VISITS BY FAMILY MEMBERS

■ ONCE A WEEK ■ TWICE A WEEK ■ ONCE A MONTH ■ NEVER



PERCENTAGE DISTRIBUTION OF SAMPLES ACCODRING TO FREQUENCY OF VISITS BY FAMILY MEMBERS.



Percentage distribution of habitant of the elderly people

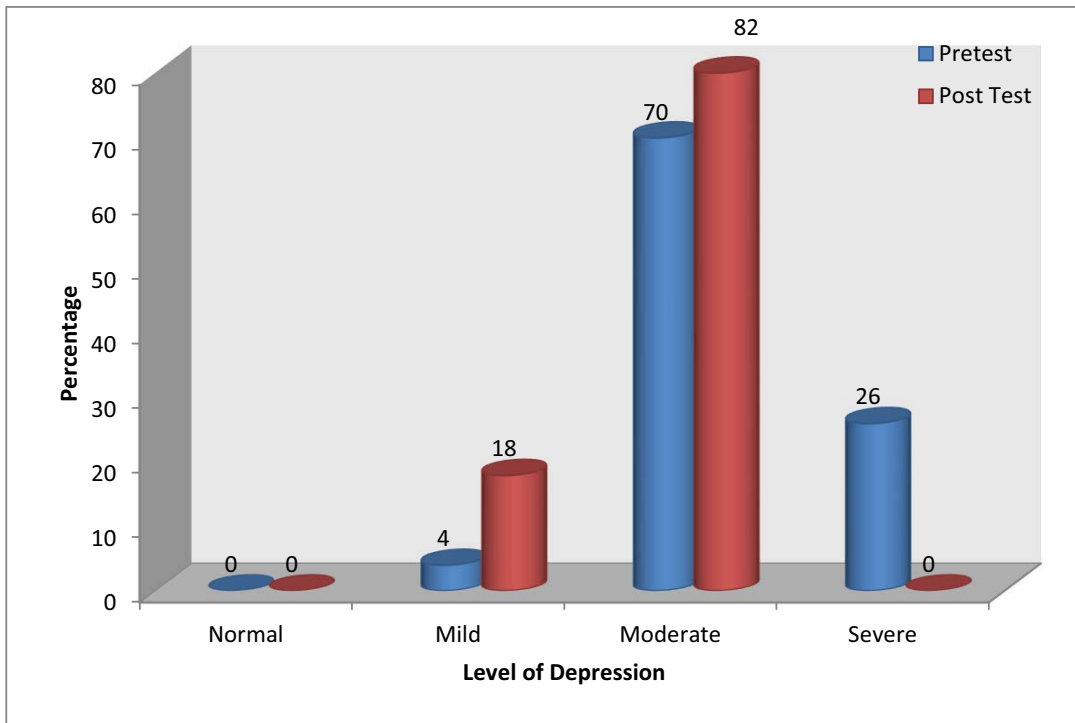
SECTION B: ASSESSMENT OF PRETEST AND POST TEST LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE.

Table 2: Frequency and percentage distribution of pre-test and post-test level of depression among elderly people.

N = 50

Knowledge	Normal (0 – 9)		Mild (10 – 16)		Moderate (17 – 23)		Severe (24 – 30)	
	No.	%	No.	%	No.	%	No.	%
Pretest	0	0	2	4.0	35	70.0	13	26.0
Post Test	0	0	9	18.0	41	82.0	0	0

The table 2 shows that in the pretest, majority 35(70%) of elderly people had moderate level of depression, 13(36%) had severe level of depression and only 2(4%) had mild level of depression, whereas in the post test after the administration of reminiscence therapy on depression, majority 41(82%) had moderate level of depression and 9(18%) had mild level of depression.



Percentage distribution of pre-test and post-test level of depression among elderly people.

SECTION C: EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE.

Table 3: Comparison of pre-test and post-test depression score among elderly people.

N = 50

Depression	Mean	S.D	Paired 't' Value
Pretest	21.66	5.02	t = 4.417
Post Test	18.46	2.12	p = 0.000, S***

***p<0.001, S – Significant

The table 3 shows that the pre-test mean score of depression among elderly people was 21.66 with S.D 5.02 and the post-test mean score of depression was 18.46 with S.D 2.12. The calculated paired 't' value of $t = 4.417$ was found to be statistically significant at $p < 0.001$ level. This clearly indicates that after the administration of reminiscence therapy on depression to the elderly people, their post-test level of depression was reduced and this clearly indicates that reminiscence therapy on depression was found to be effective in decreasing the level of depression among elderly people.

SECTION D: ASSOCIATION OF POST TEST LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 4: Association of post-test level of depression among elderly people with their selected demographic variables.

N = 50

Demographic Variables	Mild (10 – 16)		Moderate (17 – 23)		Chi-Square Value
	No.	%	No.	%	
Age					$\chi^2 = 0.563$ d.f = 2 p = 0.755 N.S
60 - 65	4	8.0	13	26.0	
66 – 75	3	6.0	18	36.0	
76 – 85	2	4.0	10	20.0	
Sex					$\chi^2 = 2.562$ d.f = 1 p = 0.109 N.S
Male	1	2.0	16	32.0	
Female	8	16.0	25	50.0	
Marital status					$\chi^2 = 0.482$ d.f = 1 p = 0.487 N.S
Married	7	14.0	27	54.0	
Unmarried	2	4.0	14	28.0	
Duration of stay					$\chi^2 = 1.865$ d.f = 3 p = 0.601 N.S
Less than 1 year	4	8.0	10	20.0	
1 - 3 years	3	6.0	20	40.0	
3 - 6 years	1	2.0	8	16.0	
More than 6 years	1	2.0	3	6.0	
Education					$\chi^2 = 4.904$

Demographic Variables	Mild (10 – 16)		Moderate (17 – 23)		Chi-Square Value
	No.	%	No.	%	
Collegiate	1	2.0	2	4.0	d.f = 4 p = 0.297 N.S
High school	2	4.0	6	12.0	
Middle school	0	0	15	30.0	
Primary school	3	6.0	10	20.0	
Illiterate	3	6.0	8	16.0	
Source of income					$\chi^2 = 6.156$ d.f = 3 p = 0.104 N.S
Pensions	0	0	7	14.0	
Deposits	0	0	2	4.0	
Family members	3	6.0	3	6.0	
Institution	6	12.0	29	58.0	
Type of family					$\chi^2 = 2.095$ d.f = 2 p = 0.351 N.S
Nuclear family	2	4.0	7	14.0	
Joint family	7	14.0	26	52.0	
Extended family	0	0	8	16.0	
Number of children					$\chi^2 = 2.171$ d.f = 3 p = 0.538 N.S
One	0	0	5	10.0	
Two	2	4.0	6	12.0	
Three	5	10.0	16	32.0	
None	2	4.0	14	28.0	
Habitant					$\chi^2 = 4.040$ d.f = 2
Rural	2	4.0	6	12.0	

Demographic Variables	Mild (10 – 16)		Moderate (17 – 23)		Chi-Square Value
	No.	%	No.	%	
Urban	2	4.0	24	48.0	p = 0.133 N.S
Semi urban	5	10.0	11	22.0	
Frequency of visit by family members					$\chi^2 = 8.907$ d.f = 3 p = 0.031 S*
Once a week	2	4.0	2	4.0	
Twice a week	0	0	2	4.0	
Once a month	6	12.0	13	26.0	
Never	1	2.0	24	48.0	
History of physical illness					-
Yes	-	-	-	-	
No	9	18.0	41	82.0	

*p<0.05, S – Significant, N.S – Not Significant

The table 4 shows that the demographic variable frequency of visit by family members had shown statistically significant association with post-test level of depression among elderly at p<0.05 level and the other demographic variables had not shown statistically significant association with the post-test level of depression among elderly people.

DISCUSSION

CHAPTER V

DISCUSSION

This chapter discusses the findings of the study, based on the objectives. The present study was undertaken to assess **the effectiveness of reminiscence therapy on the level of depression among old age people. A standardised tool was used to assess the level of depression. The sample size taken for the study was 50 elderly people. The sampling technique was purposive sampling.**

DESCRIPTION OF DEMOGRAPHIC VARIABLES OF ELDERLY PEOPLE.

The findings of the demographic characteristics of the study were majority of the elderly people 21(42%) were in the age group of 66 – 75 years, 33(66%) were female, 34(68%) were married, 23(46%) had been staying at old age home for 1 – 3 years, 15(30%) were educated upto middle school, 35(70%) had source of income through institution, 33(66%) belonged to joint family, 21(42%) had three children, 26(52%) were from urban area, 25(50%) were never visited by family members and almost all 50(100%) had no history of physical illness.

THE FIRST OBJECTIVE OF THE STUDY WAS TO ASSESS THE PRE-TEST LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE.

The analysis shows that in the pre-test, majority 35(70%) of elderly people had moderate level of depression, 13(36%) had severe level of depression and only 2(4%) had mild level of depression, whereas in the post test after the administration of reminiscence therapy on depression, majority 41(82%) had moderate and 9(18%) had mild level of depression and no one had severe level of depression.

This findings was supported by Mekee et al(2009),the investigator conducted a study based on interview based questionnaire. The findings are reminiscence therapy was effective in reducing the depression level.

THE SECOND OBJECTIVE OF THE STUDY WAS TO ASSESS THE POST- TEST LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE.

The analysis shows that in the post- test after the administration of reminiscence therapy on depression, majority 41(82%) had moderate level of depression and 9(18%) had mild level of depression. **HENCE H1hypothesis stated earlier that “There is a statistically significant difference between the pre-test and post-test level of depression among elderly was accepted.**

THE THIRD OBJECTIVE OF THE STUDY WAS TO EVALUTE THE EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE.

The analysis shows that the pre-test mean score of depression among elderly people was 21.66 with S.D 5.02 and the post- test mean score of depression was 18.46 with S.D 2.12. The calculated paired ‘t’ value of $t = 4.417$ was found to be statistically significant at $p < 0.001$ level. This clearly indicates that after the administration of reminiscence therapy on depression to the elderly people, their post -test level of depression was reduced and this clearly indicates that reminiscence therapy on depression was found to be effective in decreasing the level of depression among elderly people.

THE FOURTH OBJECTIVE WAS TO ASSOCIATE POST -TEST LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

The analysis shows that the demographic variable frequency of visit by family members had shown statistically significant association with post- test level of depression among elderly at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with the post- test level of depression among elderly people. **HENCE H2hypothesis stated earlier that “There is a statistically significant difference between the post-test level of depression score with selected demographic variables was accepted.**

SUMMARY, IMPLICATIONS,
CONCLUSIONS,
RECOMMENDATIONS AND
LIMITATIONS.

CHAPTER-VI

SUMMARY, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS.

This chapter deals with the summary and implications for different areas like nursing practice, nursing administration, nursing education, nursing research, recommendations and limitations.

SUMMARY

Reminiscence activity was an activity programme designed to have therapeutic value for the elderly in old age home. A significant number of older people do experience depression. Further among older people living in old age home the rate of depression is even higher. Reminiscence therapy is a nurse- initiated intervention that has the advantage of being cost effective, therapeutic, social and recreational for the institutionalised older adults. As a communicative psychosocial process reminiscence therapy has proven to be a valuable intervention for the depressed elderly people. So, the investigator aimed to implement the reminiscence therapy among elderly people to work through depression by revisiting past and pleasant home memories, rediscovering coping skills and finding meaning by good aspects of their life.

This study was conducted in the Tansowaadharavuillam, Chennai. The sample consists of 50 elderly people.

OBJECTIVES OF THE STUDY

- To assess the pre- test level of depression among elderly people in a selected old age home.

- To assess the post-test level of depression among elderly people in a selected old age home.
- To evaluate the effectiveness of reminiscence therapy on level of depression among elderly people in a selected old age home.
- To associate post level of depression among elderly people with their selected demographic variables.

ASSUMPTIONS

- Elderly people enjoy in sharing, recalling the past experience.
- Reminiscence therapy improves their self-esteem.

RESEARCH HYPOTHESES

H₁: There is a statistically significant difference between the pre-test and post-test level of depression among the elderly people.

H₂: There will be statistically significant association between the post-test levels of depression score with selected demographic variables.

The review of literature, professional experience and expert's guidance from the field of Psychiatric (Mental Health Nursing) provided a strong foundation for the study. It also strengthened the ideas for conceptual framework, aided to design the methodology and develop the tool for the data collection.

In view of explaining and relating various aspects of the study, the investigator had adopted Wiedenbachs Helping Art of clinical nursing theory Model.

The researcher adopted a pre-experimental study one group pre-test and post-test design to assess the effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home. 50 elderly people were selected using purposive sampling technique.

DEVELOPMENT AND DESCRIPTION OF THE TOOL FOR DATA COLLECTION

After an extensive review of literature, discussing with experts and also based on the investigators professional experience the tool was developed to assess the level of depression among elderly people.

Tool consists of two section:

- **Data collection tool**
- **Intervention tool**

SECTION A: ASSESSMENT OF DEMOGRAPHIC VARIABLE

Personal data sheet on the demographic characteristics of elderly includes such as age in years, gender, religion, education, income, marital status, duration of the stay, family and number of children, habitant, and history of physical illness and frequency of visit by family members.

SECTION B: GERIATRIC DEPRESSION SCALE. (Long Form)

Standardised tool for assessment of depression among geriatric patient was adopted .The tool consists of 30 dichotomous type question with yes or no option developed by the authors Yesvage,et al, which comprises of 30 items . The tool consists of 20 positive item and 10 negative items. The interpretation of the score are

INTERPRETATION OF THE SCORE.

NORMAL - 0---9

MILD DEPRESSIVE - 10-16

MODERATE DEPRESSIVE - 17-23

SEVERE DEPRESSIVE - 24--30

INTERVENTION PROTOCOL

REMINISCENCE THEARAPY

Explanation of therapy and self-introduction by the samples and the investigator.

Geriatric depression scale used to assess the pre-test level of depression.

The samples are divided into five groups, 10 members in each group.

Reminiscence therapy administered individually and as well as in groups

To evaluate the content validity the tool was given to four nursing experts, one psychiatrist who have several years of experience in both clinical and teaching. One more expert was a biostatistician. Modification suggested by the experts in the tool included a few modification of demographic variable. These changes were incorporated in the tool. All the experts agreed and then the tool was finalised.

The data collection for the main study was done at Tansowa Adharavu Illam, Chennai. Purposive sampling technique was used and the sample size was 50 elderly people who fulfilled the sample selection criteria and ethical consideration were adhered to, throughout the study.

The data collected was analysed and interpreted based on the objectives and null hypotheses using descriptive and inferential statistics. The findings revealed that there was a significant difference in the level of depression among elderly people living in the old age home.

The major findings of the study revealed that

The pre-test and post-test level of depression among elderly people was 21.66 with S.D 5.02 and the post-test mean score of depression was 18.46 with S.D 2.12.. The calculated paired 't' value of 't' =4.417 was found to be statistically significant at $p < 0.001$ level. This clearly indicates that after the administration of reminiscence therapy on depression to the elderly people. Their post-test level of depression was reduced and this clearly indicates that reminiscence therapy on depression was found to be effective in decreasing the level of depression among elderly people.

The demographic variable age and habitant had shown statistically significant association with post-test level of depression among elderly people at $p < 0.05$ level and the other demographic variables had shown statistically significant association with the post-test level of depression among elderly people.

6.2 CONCLUSION

The present study assessed the effectiveness of reminiscence therapy on the level of the depression among elderly people. The study findings revealed that there was a significant difference in the pre- test and post -test level of depression among elderly people.

6.3 IMPLICATIONS

The investigator has drawn the following implications from the study, which is of vital concern in the field of nursing practice, nursing education, nursing administration and nursing research.

IMPLICATIONS IN NURSING PRACTICE

- Nurses have the responsibility to lower the depression among the elderly people
- Reminiscence therapy can help to lower the level of depression and improve the quality of life of the elderly.
- Present study motivates the nursing personnel about the importance of reminiscence therapy.
- Reminiscence therapy can be made an integral part of geriatric nursing
- Reminiscence therapy is a cost effective measure which helps in health promotion among elderly people.
- Reminiscence therapy promotes socialization and sharing of issues among the elderly.

IMPLICATIONS IN NURSING ADMINISTRATIONS

- The administrator can arrange reminiscence group for elderly patients to share their feelings by providing sessions.
- Nursing administrative authorities should plan a protocol to administer reminiscence therapy to elderly clients.
- Nurse educators should provide adequate training to nursing students regarding reminiscence therapy.
- Nursing administrator can include reminiscence therapy as intervention measures to geriatric nursing.

IMPLICATIONS IN NURSING RESEARCH

- The study will be valuable reference and pathway for future researchers.
- Reminiscence is a good nursing intervention for elderly people. Therefore more research studies can be conducted in this area.

IMPLICATIONS IN NURSING EDUCATIONS

- The study emphasis the need to organize the short term course, work shop, and in service education to nurses on reminiscence therapy

LIMITATIONS

- The investigator found difficulty in getting the elderly people to participate in reminiscence activity.
- Period of reminiscence therapy only 4 weeks.

PLAN FOR RESEARCH DESSIMINATION

The research findings will be disseminated through presentations in both national and international conference.

PLAN FOR RESEARCH UTILIZATION

The investigator had a chance to visit the old age home and was pleased to see that the reminiscence activities are carried out as a protocol. The supervisor of the home was implementing the activities and the elderly people are enjoying and feeling great.

RECOMMENDATION

- Similar study can be conducted as comparative study between elderly in old age home and elderly residing in their homes.

- Similar study can be conducted comparative between elderly male client and elderly female client.
- A similar study can be conducted in large group.
- A similar study can be conducted as a long term study.
- Similar study can be conducted to elderly staying in their families.

CONCLUSION

The reminiscence therapy is effective in reducing the severe level of depression among elderly client therefore it can be used as an intervention for elderly people to reduce the level of depression.

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ANNEXURE

REMINISCENCE ACTIVITIES

INTRODUCTION

Reminiscence refers to recollection of memories from the past. Reminiscence involves exchanging memories with the old and young, friends and relatives, with the caregivers and professionals, passing on information, wisdom and skills. Elderly people often gain satisfaction, confidence and sense of identity from reminiscing. This therapeutic reminiscence not only enhances the cure of souls in old age, it also helps to reduce the level of depression among elderly people.

Reminiscence therapy is a nurse initiated interventions that has the advantage of cost effective, therapeutic, social and recreational activities for older people. Reminiscence therapy is a valuable intervention and extremely beneficial alternative among all treatment modalities in reducing depression among elderly people.

APPLICATION

Reminiscence activities done individually and in groups. The activities are communication between the groups and with investigator, sharing autobiographical memories, hearing music and art therapy like drawing and reading books, newspaper.

INTERVENTION

The participants received five sessions over a four week period. Each session lasted up to sixty minutes and each session had a different theme led by the investigator. The communication within the group improves one's ability and skills identified and appreciated by others and preserve sense of self. Sharing autobiographical memories, seeing photographs provide a pleasurable outlet improves memory and self-esteem. Reading books and drawing helps the participants to increase the psychomotor activity, exercise mind, provide opportunity for interpersonal relationship and most importantly deviate from depression.

EFFECTS OF INTERVENTION

The reminiscence intervention demonstrated effects of reducing the depressive symptoms. Participation in reminiscence activities is a positive and worthwhile experience for depressed elderly people. We need to evaluate and design interventions targeting the health needs of elderly people. Reminiscence offers a method of promoting healthy aging and reduces the level of depression.

The investigator had a chance to visit the old age home and was pleased to see that the reminiscence activities are carried out as a protocol . The supervisor of the home was implementing the activities and the elderly people are enjoying and feeling great.

CONCLUSION

Nurses are a major force working in the health care delivery system. The nurse can promote independence and self-esteem of people who feel life is not worth living. To provide an effective nursing care, all nurses must foster a positive attitude towards the aged. The reminiscence therapy is a reliable and effective therapeutic option for reducing the level of depression.



VENKATESWARA NURSING COLLEGE

(A unit of VELS Group, Pallavaram)



Approved by Indian Nursing Council, (Cert. No. 18-29/3458-INC) and Tamil Nadu Nurses & Midwives Council
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Institutional Ethical Committee Certificate of Approval

27-03-2015

To

Mrs.K.Rajammal,
M.Sc (N) I year,
Venkateswara Nursing College,
Thalambur, Chennai – 600 130.

Dear Mrs.K.Rajammal,

The Institutional Ethical Committee of Venkateswara Nursing College reviewed and discussed your application for the approval of the proposal entitled “A study to assess the effectiveness of reminiscence therapy on depression among elderly people in selected old age home, Chennai”.

The following members of the Ethical committee were present in the meeting held on 27.03.2015 Conducted at Venkateswara Nursing College, Chennai-603130.

1. Dr. P. Govindaraj, Special Officer – Vels University - Chair Person
2. Dr. Ciby Jose, Principal, Venkateswara Nursing College - Executive Member Secretary
3. Mr. C. Saravanan, Advocate, Legal Expert –Member
4. Mrs. V. Prathiba Sivakumar, HOD in Medical Surgical Nursing –Member
5. Mrs. B.Padmini, Asst. HOD in Child Health Nursing – Member
6. Dr. Irin Praveen, HOD in Obstetric & Gynaecological Nursing –Member
7. Prof.W.Vimala, HOD in Mental Health Nursing –Member
8. Mrs.J.Lakshmi, HOD in Community Health Nursing –Member
9. Mr. D. Sathish, Social Science Representative-Member

We approve the proposal to be conducted in its presented form

The Institutional Ethical Committee expects to be informed about the progress of the study, any changes in the protocol and submit a copy of the final report.

Executive Member Secretary, Ethical Committee

PRINCIPAL

VENKATESWARA NURSING COLLEGE,

THALAMBUR

City Admn. Office : # 521/2, Anna Salai, (Opp. G.R. Complex), Nandanam, Chennai - 600 035.

Phone / Fax : (91-44) 2431 5541 / 2431 5542

Date:05/06/15

From
Mrs.K.Rajammal,
M.Sc. (N) II year,
Venkateswara Nursing College,
Thalambur, Chennai

To
The Secretary,
TANSOWA,
Maduravoyal,
Chennai.

Sub: Permission for research study in your esteemed institution

Sir/ Madam,

I Mrs.K. Rajammal M.sc Nursing II year student of Venkateswara Nursing College has to do a dissertation work, to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as a partial fulfillment for the award of Master of Science in Nursing. The topic of my study is "*To assess the effectiveness of reminiscence therapy on depression among elderly people in selected old age home, Chennai.*" In this regard I request you to kindly permit me to use your esteemed institution to do my study.

Kindly do the needful at the earliest.

Thanking you,

Yours faithfully,

K. Rajammal
(Mrs.K. Rajammal)

Forwarded
only
5/6/15

PRINCIPAL
VENKATESWARA NURSING COLLEGE,
THALAMBUR
CHENNAI-600 130

For Tamilnadu Social Welfare Association

President

Secretary

Treasurer

Sundaramanthy
5/6/15

APPENDIX – C

REQUISITION LETTER FOR CONTENT VALIDITY

From

Mrs.K.Rajammal,
M.Sc.(N) II year.
Venkateswara Nursing College
Thalambur
Chennai-.603103.

To

Respected Madam,

Subject: Requisition for expert opinion for content validity.

I Mrs.K.Rajammal, M.Sc.(N) Second year student of Venkateswara Nursing College under the guidance of Dr.Mrs.Cibi Jose, Principal and Speciality Guide Mrs.Vimala Samson M.S.c(N). As a part of my research project to be submitted to the Tamil Nadu Dr. M.G.R. Medical University December 2014 session and in partial fulfillment of the University requirement for the award of M.Sc(N) degree, I am conducting“ **A STUDY TO ASSESS THE EFFECTIVENESS OF REMINISCENCE THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, CHENNAI.**” I have enclosed my data collection and intervention tool for your expert guidance and validation.

Thanking you,

Yours faithfully,

ENCLOSURES:

1. Research proposal
2. Data collection tool
3. Intervention tool
4. Content validity form
5. Certificate for content validity.

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7. Prof. Mrs. Rose M.Sc (N)

Professor,

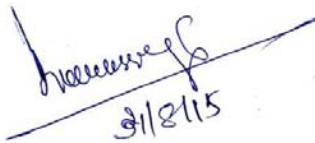
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Chennai 600025.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Mrs. K. Rajammal**, M.Sc. (Nursing) II Year student of Venkateswara Nursing College for her study "A study to assess the Effectiveness of reminiscence therapy on depression among elderly people in selected old age homes, Chennai" is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date:


31/8/15

Seal:

Department of Nursing
National Institute of Medical
Health & Neuro Sciences,
Bangalore-560 029.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **MRs. K.Rajammal**, M.Sc.(Nursing) I year student of Venkateswara Nursing College for her study "A study to assess the "Effectiveness of reminiscence therapy on depression among elderly people in selected old age homes, Chennai is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date:

S. Nalini
21.05.2015

Seal:

SRI RAMACHANDRA COLLEGE OF NURSING
Sri Ramachandra University
Porur, Chennai - 600 116

CERTIFICATE FOR CONTENT VALIDITY

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Signature with date:

Seal:



CERTIFICATE FOR CONTENT VALIDITY

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K. Balasubramanian
Signature with date: 19/5/2015

Seal: **Dr. N. K. BALASUBRAMANIAN**
Retired Professor, Biostatistics
D4, Priya Tower, L&T Service Station Road
Mugalivakkam, Chennai - 600125
Mob : 9566143529
email: balamanidhanam@gmail.com

CERTIFICATE FOR CONTENT VALIDITY

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Signature with date:

M. Nithyanantham
18/5/2015

Seal:

*M. NITHYANANTHAM,
LECTURER IN NURSING,
MADRAS MEDICAL COLLEGE,
CHENNAI - 600 003.*



CERTIFICATE FOR CONTENT VALIDITY

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18.5.15

Signature with date:

Dr. M. PETER FERNANDEZ
M.D., D.P.M., T.D.D., FIPS
Professor Emeritus (Psychiatry)
3, Sabari Nagar Extn.,
Mugaliwakkam, Chennai-600 125.

Seal:

**CERTIFICATE OF ENGLISH EDITION
TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation work "Effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home Chennai.", done by Ms. K. Rajammal M.sc Nursing II year student, Venkateswara Nursing College, Thalambur, Kancheepuram District, has been edited by me and the use of English in this dissertation is found appropriate.



SIGNATURE

Dr. S. NATARAJAN
M.Sc., M.Phil., B.Ed., Ph.D., FSLSc. FSAB
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**CERTIFICATE OF TAMIL EDITION
TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation work "Effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home Chennai", done by Ms. K.Rajammal M.sc Nursing II year student, Venkateswara Nursing College, Thalambur, Kancheepuram District, has been edited by me and the use of Tamil in this dissertation is found appropriate.



SIGNATURE

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ASSOCIATE PROFESSOR & HEAD
DEPT. OF PL. BIO & PL. BIOTECH.
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VELACHERY. CHENNAI-600 042.

INFORMED CONSENT REQUISITION FORM

Good morning,

I Mrs.K.Rajammal, M.Sc.(N) Second year student of Venkateswara Nursing College Thalambur, conducting **“A STUDY TO ASSESS THE EFFECTIVENESS OF REMINISCENCE THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, CHENNAI.”** as a partial fulfilment of the requirement for the degree of M.Sc. Nursing under the Tamil Nadu Dr. M.G.R. Medical University.

I assure you that the information provided by you will be kept confidential. So, I request you to kindly cooperate with me and participate in this study by giving your frank and honest responses to the questions asked.

Thank you.

Signature of the investigator

INFORMED CONSENT FORM

I understand that I am being asked to participant in a research study conducted by **Mrs.K.RAJAMMAL, M.Sc. (N)** student Venkateswara Nursing College. This research study will evaluate Effectiveness of reminiscence therapy on level of depression among elderly people in selected old age home Chennai. If I agree to participant in the study and no identifying information will be included when it is transcribed. I understand that there are no risks associated with their study

I realize that I may participant in the study if I am younger than 18 years of age with consent from my parent/guardian. I realize that the physiological well-being improved from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this stud, I will continue to be treated in the usual and customary fashion.

I understand that all study data will be kept confidential. However, this information may be used in nursing publication or presentation. If I need to, I can contact **Mrs.K.RAJAMMAL**, Venkateswara Nursing College, Talambur, near to navalur, Chennai any time during study.

The study has been explained to me. I have read and understood this content form, my entire questions have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

Signature

Date

PART A – DATA COLLECTION TOOL

SECTION A: DEMOGRAPHIC VARIABLES

Write your response in the box provided

1. Age in years

A) 60 –65yrs

B) 66—75yrs

C) 76—85yrs

2. Gender

A) Male

B) Female

3. Marital history

A) Married

B) Unmarried

4. Duration of stay

A) Less than 1 year

B) 1 – 3 years

C) 3 – 6 years

D) More than 6 years

5. Educational

A) Collegiate

B) High school

C) Middle school

D) Primary school

E) Illiterate

6 .Source of Income

A) Pensions

B) Deposits

C) Family members

D) Institutions

7. Type of family

- A) Nuclear family
- B) Joint family
- C) Extended family

8. Number of children

- A) One
- B) Two
- C) Three
- D) None

9. Habitant

- A) Rural
- B) Urban
- C) Semi urban

10). Frequency of visit by family members

- A) Once a week
- B) Twice a week
- C) Once a month
- D) Never

11). History of physical illness

- A) Yes
- B) No

APPENDIX – H

CODING FOR DEMOGRAPHIC VARIABLES

Demographic Variables	Code No.
1. Age in years	
A) 60 –65yrs	1
B) 66—75yrs	2
C) 76—85yrs	3
2. Gender	
A) Male	1
B) Female	3
3. Marital history	
A) Married	1
B) Unmarried	2
4. Duration of stay	
A) Less than 1 year	1
B) 1 – 3 years	2
C) 3 – 6 years	3
D) More than 6 years	4
5. Educational	
A) Collegiate	1
B) High school	2
C) Middle school	3
D) Primary school	4
E) Illiterate	5
6 .Source of Income	
A) Pensions	1
B) Deposits	2
C) Family members	3
D) Institutions	4

7. Type of family

- | | |
|--------------------|---|
| A) Nuclear family | 1 |
| B) Joint family | 2 |
| C) Extended family | 3 |

8. Number of children

- | | |
|----------|---|
| A) One | 1 |
| B) Two | 2 |
| C) Three | 3 |
| D) None | 4 |

9. Habitant

- | | |
|---------------|---|
| A) Rural | 1 |
| B) Urban | 2 |
| C) Semi urban | 3 |

10). Frequency of visit by family members

- | | |
|-----------------|---|
| A) Once a week | 1 |
| B) Twice a week | 2 |
| C) Once a month | 3 |
| D) Never | 4 |

11). History of physical illness

- | | |
|--------|---|
| A) Yes | 1 |
| B) No | 2 |

APPENDIX – J

BLUE PRINT

S.No.	Content	Item	Total Item	Percentage
1.	Demographic variables.	1 – 11	1 – 11	100%
2.	Geriatric Depression scale.			
	Positive statement.	2, 3, 4, 6, 8, 10, 11, 12, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26, 28.	20	6.7%
	Negative statement.	1, 5, 7, 9, 15, 19, 21, 27, 29, 30	10	33.3%
	TOTAL		30	100%

APPENDIX – L

DISSERTATION EXECUTION PLAN- GANTT CHART

S.NO	ACADEMIC CALENDER MONTHS	MAY 2014 to APRIL 2015												MAY 2014 to APRIL 2015											
		M	J	JU	A	S	O	N	D	J	F	M	A	M	J	JU	A	S	O	N	D	J	F	M	A
A	Conceptual phase																								
1	Problem identification																								
2	Literature review																								
3	Clinical fieldwork																								
4	Theoretical framework																								
5	Hypothesis formulation																								
B	Design & planning phase																								
6	Research design																								
7	Intervention protocol																								
8	Population specification																								
9	Sampling plan																								
10	Data collection plan																								
11	Ethics procedure																								
12	Finalization of plans																								
C	Empirical phase																								
13	Data collection																								
14	Data preparation																								
D	Analytical phase																								
15	Data analysis																								
16	Interpretation of results																								
E	Dissemination phase																								
17	Presentation or report																								
18	Utilization of findings																								
	Calendar months	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4

APPENDIX – M

PHOTOGRAPHS





